# Fundamental Skills for Case Managers

## *A Self-Study Guide*

## UNIT 3:
## STAGES OF DEVELOPMENT — ADOLESCENTS AND THEIR CHILDREN

Center for Health Training

UNIT 3: Stages of Development — Adolescents and Their Children

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## Contents
## UNIT 3: STAGES OF DEVELOPMENT — ADOLESCENTS AND THEIR CHILDREN

# Overview and Instructions

This unit provides guidance for new case managers working with pregnant and parenting teens about how to discuss prenatal, infant, and early child development with their clients. It is not intended to serve as a comprehensive review of these topics but rather to provide an overview.

The first chapter, "Adolescent Development," describes the early, middle, and late stages of teen development and discusses key issues to be aware of when working with adolescents. The subsequent chapters focus on communicating with teen parents about the developing fetus, infant and child. Because the goal is to help you make the messages you give to your teen clients appropriate and understandable, some details have been omitted. This is intentional. Too much information can be overwhelming for teens (and many adults), so it is important to focus on the essentials in order to ensure that the messages you deliver are heard, understood, and acted on.

This unit is the third of four units and is divided into five chapters:

1. Adolescent Development
2. Fetal Development
3. Infant Development
4. Early Child Development
5. Putting It All Together

Each chapter except "Putting It All Together" includes *Learning Objectives, Things to Think About, Guidelines for Practice,* and a number of activities to reinforce the information provided.

Please complete the *Pre-Test* before you begin. As you read through this unit, complete all of the activities and conclude by completing the *Post-Test.*

You will be asked to demonstrate the skills you have learned for your supervisor, either by practicing a role-play or by being observed with a client during an appointment or home visit. Your supervisor will use the *Observation Skills Checklist for Supervisors* at the end of this unit as a guide. Your supervisor will document your completion of this unit using the enclosed *Supervisor Sign-Off Sheet.* Your supervisor will not read your responses – only confirm that you have done the activities and correct your *Post-Test.*

# I. Adolescent Development

**Learning Objectives:**
After completing this chapter, you will be able to:

1. Identify key milestones in adolescent physical development
2. Explain the impact of early physical development on an adolescent
3. Identify key milestones in cognitive development
4. Identify key milestones in moral, social and emotional development
5. Identify three characteristics associated with each stage of adolescence
6. Demonstrate how to tailor a health message in a developmentally appropriate way

## *A. General Adolescent Development*

Adolescence is a time of enormous growth and change, yet we often tend to think of "teenagers" as a uniform group with common characteristics. This approach can create barriers to effective communication and interventions with youth, because there are significant differences between teens at different ages and stages of growth and development. These differences influence how adolescents respond to adults, understand and apply information, make decisions, and prioritize when faced with competing needs and responsibilities. By understanding adolescent development, you can modify your approach to dealing with young people and maximize the likelihood of positive outcomes.

When working with teens, remember the following key points:

1. Age is a clue to, but does not determine, the developmental stage a teenager has reached.
2. Each area of development (physical, cognitive, social, etc.) is related to but separate from all other areas, and advanced development in one area does not mean that the teen is equally advanced in all areas.
3. Each individual and each family is unique and deserves an individualized assessment and intervention using development milestones as a guide.
4. Trauma can delay development.

Putting these ideas into practice, you may find, for example, that the 19-year-old pregnant teen who has been in foster care since age 6, has a history of sexual abuse, and has been smoking marijuana daily since she was 14 thinks and makes decisions much like a 12-year-old. Her stage of cognitive, social, and emotional development is "early adolescent" even though she is by age a late adolescent. Therefore, you should gear your interactions with her to her level of development despite her age.

It is sometimes difficult for adults to remember the challenges of adolescence. We see life through the lens of our current experiences and may have a hard time under-

standing why the youth we work with make the decisions they do. By getting back in touch with your own adolescent experiences, you can begin to empathize with your teenage clients. Even if you come from a very different background than your clients and faced different choices and situations as an adolescent, you have probably had experiences that can help you "get in touch" with the struggles and challenges they face.

## ACTIVITY: What Is it Like to Be 16?[1]

**INSTRUCTIONS: Think about when you were 16 years old. Take a few minutes to answer the following questions, either in your head or by jotting down your responses on a separate and private sheet of paper.**

1. **The year is _____ .**
2. **I live in _____ (city/town), which has an (approximate) population of _____ .**
3. **I live with _____ .**
4. **My family relationships are _____ .**
5. **I go to _____ High School, and my class has _____ students.**
6. **I'm good at _____ .**
7. **I'm struggling with _____ .**
8. **For fun, I _____ .**
9. **When it comes to sex, so far I _____ .**
10. **When it comes to alcohol and drugs, so far I _____ .**
11. **I'm worried about what will happen to me if _____ .**
12. **If a girl at my school gets pregnant, then _____ .**

*continued next page*

**13. My parents most often give me advice about _____ .**

**14. I'm getting pressure from my friends to _____ .**

**15. In my community, gangs _____ .**

**16. The most important adult in my life is _____ .**

**17. When I get stressed, I _____ .**

**18. One thing I feel proud about is _____ .**

**19. My plans for the future include _____ .**

**After responding to the questions above, think about the similarities and differences between your life at age 16 and your 16-year-old clients' lives. Then answer the following questions, either in your head or by jotting down your responses.**

1. **What was it like reflecting on your experiences as a 16-year-old? _____**

   _____

2. **What similarities did you notice between your past experiences and those of your clients? _____**

   _____

3. **What differences did you notice between your past experiences and those of your clients? _____**

   _____

4. **What's different about the world today that makes life harder for adolescents?**

   _____

5. **What's different about the world today that makes life easier for adolescents?**

   _____

In order to get a general idea of what theorists say about adolescent development, review the chart, "Adolescent Stages of Development," on pages 8-9. Key aspects of physical, cognitive and psychosocial development will be addressed separately.

## *B. Key Issues in Physical Development*

### Secondary Sexual Development in Girls

There is a broad range of what are considered normal pubertal changes for adolescent girls. Secondary sexual development can begin as early as age 8 and as late as age 13 and still be considered normal. Recent studies show the onset of puberty occurring earlier than in the past and reveal differences based on race, body weight, and nutritional status, with African-American girls beginning and completing puberty earlier than Caucasian girls. On average, girls begin and complete their secondary sexual development two years earlier than boys.

| **Physical Characteristics** | **Age of Occurrence** |
|---|---|
| Breasts grow | 8 -13 years |
| Pubic hair develops | 8 -14 years |
| Body grows | 9½ -14½ years |
| Menarche (first period) occurs | 10 -16½ years |
| Underarm hair grows | Around 2 years after the appearance of pubic hair |
| Oil/sweat glands develop | Around the time that underarm hair appears |

### Secondary Sexual Development in Boys

There is an equally broad range of what is considered normal in male secondary sexual development.

| **Physical Characteristics** | **Age of Occurrence** |
|---|---|
| Testicles grow | 9½ -13½ years |
| Pubic hair begins to appear | 10 -15 years |
| Penis grows | 10½ -14½ years |
| Body grows | 10½ -16 years (begins) 13½ -17½ (ends) |
| Ejaculation/nocturnal emissions (wet dreams) | 12-16 years |
| Facial and body hair begins to grow | 12½ -15½ |
| Voice begins to deepen | 12½ -15½ |

## Early Physical Development

One aspect of physical development that has been found to be protective for teenagers is being "in sync" with their peers. Studies of early-developing girls show that they face significant psychological challenges. Because girls who have gone through puberty early tend to be taller and heavier than their peers who have not yet started their pubertal development, they tend to view their bodies negatively. The natural changes of puberty can also cause these girls to judge themselves as fat, particularly given the high value placed on thinness in our society. The early-maturing girl stands out from her friends and often has lower self-esteem as measured on standardized scales.

Early-maturing girls may also experience rejection by their peers. In response, instead of looking for different friends within the same age group, they tend to make older and more mature friends. This can cause problems for girls who are inexperienced or psychologically immature. Hanging out with an older crowd can lead early-maturing girls into earlier sexual activity and earlier substance use. One study theorized that these girls may not have had enough time to complete the necessary childhood developmental tasks before entering the world of the older crowd. They have had less time to form a sense of self, which could cause them to make bad decisions.[2]

Not only do early-maturing girls view themselves differently, but the world views them differently too. Physically mature 11- and 12-year-olds often find themselves the object of unsolicited and unwanted attention from older adolescent boys and adult men. Psychologically and socially unprepared to manage this attention, these girls are at higher risk for sexual abuse, as well as the early onset of voluntary sexual activity. Paired with the poor decision-making skills that are typical for girls of this age, these factors can lead to a higher risk for pregnancy and early childbearing.

## Adolescent Stages of Development

| Early Adolescence (11-14 Years) | Middle Adolescence (14-17 Years) | Late Adolescence (17-20 Years) |
|---|---|---|
| GROWTH<br>Rapidly accelerating growth<br>Reaches peak velocity<br>Secondary sex characteristics appear | Growth decelerating in girls<br>Stature reaches 95 percent of adult height<br>Secondary sex characteristics well advanced | Physically mature<br>Structure and reproductive growth almost complete |
| COGNITION<br>Explores newfound ability for limited abstract thought<br>Struggling to define new values<br>Comparison of "normality" with peers of the same sex | Developing capacity for abstract thinking<br>Enjoys intellectual powers, often in idealistic terms<br>Concern with philosophical, political and social problems | Established abstract thought<br>Can perceive and act on long-range goals<br>Able to view problems comprehensively<br>Intellectual and functional identity established |
| IDENTITY<br>Preoccupied with rapid body changes<br>Trying out various roles<br>Measurement of attractiveness by acceptance or rejection of peers<br>Conformity to group norms | Modifies body image<br>Very self-centered, increased narcissism<br>Tendency toward inner experience and self-discovery<br>Has rich fantasy life<br>Idealistic<br>Able to perceive future implications of current behavior and decisions; variable application | Body image and gender role definition nearly secured<br>Mature sexual identity<br>Phase of consolidation of identity<br>Stability of self-esteem<br>Comfortable with physical growth<br>Social roles defined and articulated |
| RELATIONSHIP WITH PARENTS<br>Defining independence/dependence boundaries<br>Strong desire to remain dependent on parents while trying to detach<br>No major conflicts over parental control | Major conflicts over independence and control<br>Low point in parent/child relationship<br>Greatest push for emancipation; disengagement<br>Final and irreversible emotional detachment from parents; mourning | Emotional and physical separation from parents completed<br>Independence from family with less conflict<br>Emancipation nearly secured |

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## *Adolescent Stages of Development continued*

| Early Adolescence (11-14 Years) | Middle Adolescence (14-17 Years) | Late Adolescence (17-20 Years) |
|---|---|---|
| RELATIONSHIPS WITH PEERS<br>Seeks peer affiliations to counter instability generated by rapid change<br>Upsurge of close, idealized friendships with members of peer group<br>Struggle for mastery takes place within peer group | Strong need for identity to affirm self-image<br>Behavioral standards set by peer group<br>Acceptance by peers extremely important; fear of rejection<br>Exploration of ability to attract others (individuals) | Peer group recedes in importance in favor of individual friendships<br>Testing of intimate relationships against possibility of permanent alliance<br>Relationships characterized by giving and sharing |
| SEXUALITY<br>Self-exploration and evaluation<br>Limited dating, usually group<br>Limited intimacy | Multiple plural relationships<br>Decisive turn toward heterosexuality or homosexuality<br>Exploration of "self-appeal"<br>Feeling of being "in love"<br>Tentative establishment of relationships | Forms stable relationships and attachment to another<br>Growing capacity for mutuality and reciprocity<br>Dating as pair<br>Intimacy involves commitment rather than exploration and romanticism |
| PSYCHOLOGIC HEALTH<br>Wide mood swings<br>Intense daydreaming<br>Anger outwardly expressed with moodiness, temper outbursts, and verbal insults | Tendency toward inner experiences; more introspective<br>Tendency to withdraw when upset or feelings are hurt<br>Vacillation of emotions in time and range<br>Feelings of inadequacy common; difficulty in asking for help | More constancy of emotion<br>Anger more apt to be concealed |

Adapted from R. Sieving and L. Bearinger, "Health Promotion of the Adolescent and Family," in *Nursing Care of Infants and Children,* ed. D. Wong, 5th ed. (St. Louis, MO: Mosby, 1995), p. 843.

The impact of early or late development on boys is quite different. Early-developing boys view themselves positively and tend to excel in activities dependent on size, strength, and speed (sports, for example). The psychological and emotional impact of early maturation on boys is just beginning to be studied. However, like early-maturing girls, boys who look much older than they are may find themselves in situations that they are not prepared to handle. Late development in boys has been associated with increased engagement in risky behaviors, particularly substance use.

### Protecting the Early Developer

There are concrete ways that early-maturing girls can be protected from the negative outcomes outlined above. Recent research on resilience and protective factors in young people's lives shows that teens (boys and girls) who feel connected to and cared for by their parents and/or families and who receive clear messages about delaying sexual intercourse from their parents are less likely to have early sexual intercourse.

Clear messages on how to deal with adult male attention can support early-maturing girls in avoiding inappropriate relationships. For example, a physically mature 11-year-old girl can be taught to respond to older boys or men's attention by saying, "I'm only 11 years old. Leave me alone!" Girls should be encouraged to get an adult's help if they feel uncomfortable or pressured by older teens or adults.

## ACTIVITY: Counseling an Early Maturing Client in a Sibling Program

**INSTRUCTIONS: Read the following vignette and then answer the questions that follow.**

*Vignette:* **Julie is the 12-year-old sister of Jana, a 15-year-old teen mother of an infant. Julie is an ASPPP client. She has been doing fairly well in school. She is very athletic and also enjoys singing in church. You have discovered that Julie is hanging out with Jana's "old crowd," who Jana rarely sees now because she is home with the baby. Though Julie is only 12, she looks like she's 16. She tells you that some of her friends are starting to have sex.**

**What key points do you want to cover in your session with Julie next time you meet with her? Make sure that you address both Julie's strengths and risks.**

**1.** _____
**2.** _____
**3.** _____
**4.** _____

**What activities or programs in your community might you suggest for Julie?**

_____
_____
_____

## C. Key Issues in Cognitive and Moral Development

Adolescence is a time of major changes not only in young peoples' bodies, but also in their brains and their thinking and planning processes. The most significant change in thinking occurs during early-to-middle adolescence and involves the transition from concrete to abstract thinking. For some adolescents, particularly those who have faced many challenges in their academic, social, and emotional lives, this transition may be delayed, even into adulthood.

### Concrete Thinkers

Concrete thinking is characterized by a present orientation and a tendency to view choices as black or white, with little appreciation of shades of gray. For concrete thinkers, seeing is believing, and their own (or their friends') experiences are what count. Concrete thinkers' ability to project into future is limited, and they are often unable to perceive the long-range implications of their current decisions. This means that although they may have the information they need to make decisions, they may have difficulty applying that information to their particular situations.

Young teens' sense of morality, like their thinking, tends to be concrete and conventional. They see individuals and actions as good or bad, right or wrong, and have difficulty appreciating the complexities of moral reasoning. Because of their limited ability to think abstractly, teenagers often have problems with complex decision-making, such as making a choice about what to do when faced with an unplanned pregnancy or even selecting contraception.

Dealing with young teens in situations that require abstract thinking can be frustrating for the case manager. It is important to bear in mind that concrete thinking is a stage of brain development. Young teens cannot think abstractly – no matter how hard they try. A concrete thinker cannot be reasoned into thinking abstractly.

When working with a concrete thinker, try to keep these things in mind:

1. The concept of pregnancy is abstract. You can make it more concrete by describing fetal development and pregnancy using visual aids.
2. Concrete thinkers need support and direction to engage in complex decision-making and reasoning. They benefit from being "walked through" the process.
3. They are more concerned with what is happening "today," so don't neglect their immediate concerns.
4. They have limited ability to project into the future, so activities or interventions that rely on a future orientation are not usually helpful. When working on planning for future events, use concrete and realistic examples of situations that clients can "see" themselves in.

*Example:* You have a 13-year-old (early adolescent) client named Yvette who has just learned she is pregnant. She appears to be moody, and her main concern is about getting "fat." She is also anxious about telling her friends for fear that she will be excluded from her peer group.

You might help Yvette by saying, "Let's start with what is in front of us, and take this one step at a time. Have you talked to any other adult (family, adult friend, counselor) and told them that you are pregnant? Are there any other adults you can think of who can help you figure out what you are going to do? What choices do you think you have?"

Ask one question at a time, and proceed based on the client's response. Assess the client's support system and knowledge base, and then build from there.

### Abstract Thinkers

The characteristics of abstract thinking include a future orientation and the ability to imagine multiple perspectives, envision and evaluate alternatives, and reason about chance and probability. These thinking abilities are essential to complex decision-making. As teenagers mature, they are better able to understand complex relationships and appreciate others' perspectives. They become increasingly aware of societal values and begin to internalize them, applying conditionality and context to their moral and ethical decisions. This process continues and is refined in late adolescence and early adulthood.

When working with abstract thinkers (middle to late adolescence), try to keep these things in mind:

1. Until abstract thinking is well established (late adolescence/young adulthood) the application of abstract thinking skills may be inconsistent.
2. It can be more difficult for abstract thinkers to make decisions because their process is more complex, and they are aware of alternatives and consequences. Do not rush the decision-making process.
3. Let abstract thinkers take the lead in setting the case-management agenda. They are able to set priorities and expect and deserve to have their priorities respected.

*Example:* Your 18-year-old (late adolescent) client Josie has just learned she is pregnant. She appears to be a little nervous but is relatively accepting of her pregnancy. Her boyfriend has expressed interest in continuing their relationship. She is worried about whether she can work and go to school during her pregnancy.

You might say, "Although you seem pretty settled about having this baby, there are a lot of details to think about. What are your most important concerns right now? We can start with whatever you are most concerned about, and over time, get through all the issues."

## ACTIVITY: Concrete and Abstract Statements

**INSTRUCTIONS: Read the following statements and circle "abstract" or "concrete" depending on what kind of thinking you think they reflect.**

***Examples:*** **If I get pregnant, I won't fit into the new pants I just bought. (concrete/abstract)**

**If I get pregnant, I'll have to think about how I'm going to support my baby. (concrete/abstract)**

**Then, write how you would respond to the client.**

1. **My nipples are sore from beginning to breastfeed, and I really don't want to do it anymore. (concrete / abstract)**
   **Response:** _____

   _____

2. **I'm worried about getting health insurance for my baby. (concrete / abstract)**
   **Response:** _____

   _____

3. **Why should it matter what I eat now while I'm pregnant? I'll make sure to feed my baby well after she's born. (concrete / abstract)**
   **Response:** _____

   _____

4. **My baby is spoiled. He cries like something awful is happening, but there really isn't anything wrong. I can tell because he stops just as soon as I pick him up. (concrete/abstract)**
   **Response:** _____

   _____

## D. Key Issues in Emotional and Social Development

The emotional needs and behavior patterns of early and middle adolescents are often in direct opposition to the needs of infants and young children and the responsibilities of parenting. Young teens tend to be very moody and erratic in their emotions. They value their privacy and are often quite egocentric (self-centered). They have difficulty seeing things from anyone else's perspective or putting someone else's needs first, even if that person is their child. As teen parents mature, their emotions stabilize and they develop empathy, or the ability to see things through another's eyes, which helps them become more caring and competent parents. Mentoring, modeling, and support can have a positive impact on teen parents' emotional development.

Teen parenting is a significant stressor for a developing adolescent. Like all stressors, the experience of teen parenting can delay and impede development in the already stressed and compromised teen. Alternatively, if the teen has a good support system or positive coping mechanisms, the experience of being a parent can serve to "push" or accelerate her/his developmental timeline.

The most significant aspects of adolescent social development are related to the change in relationships with family and peers. Parenting dramatically challenges and changes these relationships.

### Family Relationships

As teens mature, they go through a process of separation from their parents and/or guardians and a redefinition of their relationships with them. This process can be quite stressful for parents, as teens often test limits, challenge family rules, and assert their independence by rejecting their parents' opinions and values. Parents need to reaffirm their roles as consistent, stabilizing adult role models while also allowing their teen children to develop self-reliance, independence, and responsibility.

For some teens, their own parents may not be the best role models and may in fact be destabilizing rather than stabilizing influences. They may be engaged in their own delayed maturational processes and/or face challenges of substance abuse, homelessness, abusive relationships, unemployment, and low academic achievement. It is important for case managers to remember that other caring adults can have a significant and lasting impact on young people's social and emotional development and that the presence of caring adults who are resources is a factor which protects youth from risky behaviors and enhances their health and well-being.

Even in the most "functional" of families, early childbearing by an adolescent brings role change and conflict. Family relationships are often disrupted by the introduction of a third generation, and the teen's parenting role may conflict with their child/teenager role as well as with the parent's parenting role. These conflicts can be anticipated, and families can benefit from the opportunity to discuss these potential conflicts and engage in role redefinition with the support of a counselor or case manager.

### Peer Relationships

A hallmark of the teen years is the importance of peer groups. In middle adolescence, peer groups become very important, and teens are highly sensitive to the social norms of their peers. This is often expressed by conformity in appearance, language, interests, and behavior.

Peer groups have a tremendous influence on the development of the teen's self-identity. Although adults often think of "peer pressure" as negative, it can also serve as a positive influence. For example, research shows that youth with lower academic achievement who move into a peer group with higher achievement will improve in their school performance. Youth who belong to clubs or other social groups can experience a sense of belonging and cohesiveness with others. When these positive social outlets are not available, youth sometimes drift towards more negative influences.

Another common misperception is that because teens care so much about what their friends think and do, they are not concerned about what their parents think. Researchers have found that this is not true, and that teens in general look to their parents for guidance and support and want them to be involved in their lives.

## Adolescent Development

### Things to Think About

- How does your own adolescent experience affect your expectations of clients?
- What developmental stage of adolescence are you most comfortable working with?
- What stage do you find most challenging?
- In which stage of adolescence are most of your clients?
- How have past traumas affected your clients?

### Guidelines for Practice

- ✯ Assess the developmental stage of your client; do not just rely on age in determining the developmental stage.
- ✯ Start from what the client knows, believes, and feels is important and build from there.
- ✯ Tailor your interventions to the client's developmental stage.
- ✯ If the client's parent(s) are involved, get to know them and involve them in planning as appropriate.
- ✯ Provide special guidance and support for early-developing female clients and their families.
- ✯ Provide more structure and guidance to the concrete thinker.
- ✯ Support the abstract thinker in independent decision-making.

# 2. Fetal Development

**Learning Objectives:**
After completing this chapter, you will be able to:

1. Identify key milestones in fetal development
2. Translate key milestones in fetal development into key messages for the pregnant teen
3. Identify the warning signs specific to adolescent pregnancy
4. Translate the warning signs into adolescent-appropriate messages
5. Identify issues in adolescent development that may impact on the pregnant teen's understanding of and behaviors during crucial times in fetal development

## *A. Teen Pregnancy*

Early pregnancy is often a time of confusion and conflict for a teen. Delays in receiving the pregnancy diagnosis are common, and once a young woman is aware of the pregnancy, she may go through a period of ambivalence and indecision about it. As a result, at an extremely crucial time in fetal development, she may be either unaware of the pregnancy or totally focused on her own needs rather than those of the developing fetus. Youth who engage in risky behaviors such as unprotected sexual contact are also more likely to engage in other risky behaviors, such as cigarette, alcohol, and other substance use, and this creates additional risk for the fetus.

The case manager can play a vital role in helping to ensure the health and safety of the developing fetus by explaining and supporting the messages that the young woman receives from her health care provider. As the client's case manager, it is likely that you know the client better, see her more frequently, have more time to talk with her, and are less intimidating to her than her health care provider. For these reasons, you are in a key position to have a positive influence on her care and education.

## B. Key Milestones in Fetal Development

### *The First Trimester*

**By the End of Month One**

- ❑ The embryo progresses from a ball of cells to looking like a tadpole. Tiny limb buds, which will grow into arms and legs, appear.
- ❑ The heart and lungs have begun to form, and the heart begins to beat.
- ❑ The neural tube, which will become the brain and spinal cord, begins to form.

**By the End of Month Two**

- ❑ All major body systems have begun to form but are not yet fully developed.
- ❑ The ears, ankles, and wrists form, and fingers and toes begin to develop.

**By the End of Month Three**

- ❑ The face is well formed, and the eyelids are fused closed.
- ❑ The mouth has 20 buds that will become baby teeth.
- ❑ The urogenital tract completes its development, and the genitals are differentiated (male and female).

### *The Second Trimester*

**By the End of Month Four**

- ❑ The muscles and bones develop, and the bones become harder.
- ❑ The fetus makes active movements.
- ❑ The fetus can suck and swallow.
- ❑ The lungs*, intestinal tract, liver, and pancreas continue to develop and begin to function.
- ❑ The baby can hear. (Encourage the client to sing and talk to baby)

* The lungs are able to function mechanically and pass fluid in and out, but they are not yet ready to take in air.

**By the End of Month Five**

- ❑ The fetus starts to deposit fat and gain weight.
- ❑ The fetus is more active, with greater muscle development.
- ❑ The mother feels fetal movement.

**By the End of Month Six**

- ❑ There is rapid brain development, and the nervous system can now control some body functions.
- ❑ The eyelids can open and close.
- ❑ The lungs, while still immature, are capable of gas exchange.
- ❑ A baby born at this stage could survive with intensive care but is at very high risk for serious complications or death.

### *The Third Trimester*

**By the End of Month Seven**

- ❑ There is rapid weight gain and increase in body fat.
- ❑ The lungs are not fully mature, but are practicing rhythmic breathing movements.
- ❑ The fetus begins storing calcium, iron, and phosphorous.

**By the End of Month Eight**

- ❑ The fetus continues to gain weight and body fat.
- ❑ There is increased central nervous system control over body functions.
- ❑ A baby born at this stage will probably do fine, but may need some medical interventions.

**By the End of Month Nine**

- ❑ The baby is considered full term and ready to be born between 38 and 42 weeks ($8^1/_2$ to $9^1/_2$ months).
- ❑ The mother has supplied antibodies to the baby to protect it from disease.
- ❑ Medications and drugs ingested by the mother will be present and affecting the baby at birth.

By the end of the first trimester, the fetus has the beginnings of everything that it needs to grow into a child. During the next six months, the baby's organs and systems complete the growth and development necessary for life outside of the womb. The key process in the first trimester is cell differentiation, and during this time, the embryo and fetus are very vulnerable to damage from external sources such as:

- **Teratogens** (substances that cause birth defects such as alcohol and certain prescription and illicit drugs)
- **Infections** (such as rubella or cytomegalovirus)
- **Radiation** (such as x-rays)
- **Nutritional deficiencies** (such as inadequate folic acid)

## C. Communicating Meaningful Messages

There is an enormous amount of information to be communicated to the pregnant teen early in her pregnancy at a time when she may be preoccupied with issues such as the impact of the pregnancy on herself, her relationship with her partner (if she has one), her parent(s), her schooling, and her housing situation. Your messages to the teen about fetal growth and development are more likely to get through to her if you make sure that:

- The information is simple and understandable
- The information is important to the individual teen
- The information is concrete and includes actions that the teen can take to achieve or avoid specific outcomes or consequences

### Five Ways to Have a Healthy Pregnancy

The Maternal and Child Health Bureau has determined that the following messages, if communicated in a way which affects a woman's choices and behavior, will have the biggest impact on pregnancy outcomes:

1. See a doctor or other health care provider from the start of your pregnancy.
2. Don't drink alcohol, smoke cigarettes, or take drugs. (Check with your medical provider about over-the-counter drugs.)
3. Eat healthy foods, including fruits, vegetables, low-fat milk, eggs, cheese, grains, and foods rich in iron and folic acid.
4. Take good care of your health and exercise sensibly.
5. Have your baby checked by a doctor or health care provider right after birth and throughout childhood.

## ACTIVITY: Making the Message Meaningful

**INSTRUCTIONS: Think about what you know about adolescent development and fetal development. Review the adolescent development chart on pages 8-9 and the development information for each trimester in this chapter as necessary. Pick one of the messages above (page 20) and translate it into a meaningful and appropriate message for Elise.**

*Example:* ***First Trimester***

**Elise is a 15-year-old who is currently nine weeks pregnant. She had a pregnancy test at about six weeks, and, after some indecision, has decided to continue the pregnancy. She had been using Depo-Provera as her birth control method but did not return for her last shot. Elise had trichomonas and chlamydia a year ago. Before the pregnancy, she reports, she was a weekend alcohol and marijuana user. She is overweight and has tried diets and diet pills in the past with no significant weight loss. She is in the ninth grade and does "okay" in school.**

**Key Message:** See a doctor or other health care professional from the start of your pregnancy.

**How to Say It:** Elise, I'm sure that you have heard about how important it is that you see a doctor when you are pregnant. There are lots of reasons for this, mostly to make sure that you are doing okay and that your baby is healthy and growing well. Can you think of some reasons that prenatal care would be especially important for you? One thing that I was thinking about is that you have had some sexually transmitted infections (STIs) like chlamydia and trichomonas in the past. STIs can cause serious problems for your pregnancy and the baby. They can cause the baby to come too early and can cause infections in the baby after birth if you have them when you go into labor. For you in particular, it is very important that you find out if you have any infections and get them treated right away.

*continued on next page*

***Second Trimester***

**Elise is now five-months pregnant. Lately, she has been missing her prenatal appointments. She was seen in the emergency room last weekend and diagnosed with a bladder infection and chlamydia (both of which can lead to premature labor and the delivery of a premature baby). She was prescribed medicine for both problems but keeps forgetting to take it.**

**Key Message:** _____

**How to Say It:** _____

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***Third Trimester***

**Elise is now eight-months pregnant. She has been going to her prenatal appointments weekly. At her last visit, she complained of unusual fatigue and was found to be anemic. She met with the nutritionist, who discovered that her diet is also insufficient in calcium. She was given calcium and iron supplements, but she tells you that she doesn't like how they taste, hates to swallow pills, and is not taking them regularly. "When is this baby going to come?" she ask you. "I am so sick of being pregnant."**

**Key Message:** _____

**How to Say It:** _____

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## D. Adolescent Specific Prenatal Concerns

There are risks during pregnancy that are of special concern for adolescents. These risks are generally related to inadequate prenatal care, inadequate nutrition, and behaviors (such as substance use) that put the pregnancy and fetus at risk. In an adolescent pregnancy, providers are most concerned about the risks of:

- Preterm labor
- Anemia
- Pre-eclampsia (a condition of pregnancy that includes high blood pressume)
- Low-birth-weight babies

In order to reduce these risks, case managers should focus on primary messages that can result in a healthier pregnancy. Most essential among these are consistent prenatal care, adequate diet, STI prevention, and recognition of the warning signs of pre-eclampsia and preterm labor.

When a woman receives regular prenatal care, she is reminded at each visit of these warning signs. Reinforcing these messages is an important issue for the case manager to address at each visit as well.

Tell your clients, "Call your medical provider if you have any of these symptoms:

- Blood or fluid coming from your vagina
- Sudden or extreme swelling of your face or fingers
- Headaches that are very bad or won't go away
- Nausea and vomiting that won't go away
- Dizziness
- Dim or blurry vision
- Pain or cramps in the lower part of your belly
- Chills or fever
- A change in your baby's movements
- Burning when you urinate or less urine
- Any illness or infection
- Anything that bothers you

"If you cannot reach your doctor, nurse, or on-call doctor, go to the emergency room or the Labor and Delivery department." (Give one place only, as appropriate, and make sure that the client knows how to get there and has taxi vouchers or other plans for hospital transport in place). "Hopefully, the problem will not be serious, but if it is, then the very best thing that you can do for yourself and your baby is to check it out. If you are told it is nothing to worry about, it still is never a mistake to ask about any worries or concerns that you have."

As the pregnancy progresses, it is helpful to have the client remind you of the warning signs, so that the messages do not become a repetitive and boring "lecture." Ask her to tell you what she remembers, and help her to find ways to remind herself of the messages that don't seem to be "sticking." Give helpful suggestions — such as posting the warning signs on the refrigerator or bathroom mirror as a reminder — rather than using scare tactics. It may also be helpful to devise scenarios together that will serve as reminders. Always remember to make the scenarios specific to the client and her situation, so that she can actually imagine the situation happening to her.

*Example:* "So, let's talk about what one of these warning signs might really be like. Let's say you wake up one morning, and when you look in the mirror, your face looks kind of funny...sort of puffy. Your eyelids seem a little swollen, and it feels funny when you open and shut your eyes. When you wash your hands, you notice that your rings are very tight. You go to the kitchen and tell your mom that you think you are swelling, and she tells you to stop using so much salt. Tell me, what would you do at that point?"

## Preparation for Labor and Delivery

Many providers and case managers encourage pregnant teens to attend classes to prepare for labor and delivery. The classes most commonly offered are Lamaze classes or another similar approach. For some teens, these classes can be helpful, as they give a clear idea of the labor process and offer techniques for dealing with discomfort. For many teens, however, these classes can be an alienating experience. Before recommending a class, make sure you are familiar with its content and who typically attends. Consider your client's stage of development and whether you think she will benefit from going. The older, more developmentally mature teen is most likely to benefit. A teen who has a parent or partner willing to commit to attending classes with her and coaching her in labor may also benefit. The younger, present-oriented teen is less likely to see the classes as a priority or to be able to apply the techniques that she learns for coping with labor pain.

Considering the overwhelming amount of information that you must communicate to pregnant clients and the many behavior changes that you are trying to help bring about, labor preparation is not a top priority for most teens and should not be the focus of your case-management interactions. Encourage and support those youth who are interested in attending labor classes and let go of the issue when dealing with teens who are not.

## Fetal Development

### Things to Think About

- What recommendation for assuring a healthy pregnancy and baby do the majority of your clients have the most trouble following?
- What concrete steps do you take to try and ensure healthy outcomes for your clients?
- What client behaviors during pregnancy do you find the most concerning or frustrating?
- Do you focus on the behaviors that are most likely to enhance healthy outcomes?

### Guidelines for Practice

- ✯ Develop a clear understanding of key events in fetal development in each trimester.
- ✯ Provide clients with simple, specific messages regarding the relationship between their behaviors (or the behavior change that you are recommending) and fetal development.
- ✯ Support clients in making specific, realistic plans that include strategies for overcoming any potential barriers they anticipate.
- ✯ Translate and reinforce information about warning signs and how to respond to them using concrete situational examples.

# 3. Infant Development

**Learning Objectives:**
After completing this chapter, you will be able to:

1. Identify key milestones in infant development
2. Translate these milestones into key messages for the parenting teen
3. Identify issues in adolescent development that may impact on the parenting teen's understanding of and response to key milestones in infant development
4. Recognize reasons for concern in infant development and formulate appropriate plans for responding to concerns

The developmental milestones in this chapter have been adapted from *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents (NCEMCH).* Detailed information regarding anticipatory guidance can be found at the Bright Futures website: http://www.brightfutures.org/guidelines.html[3]

## *A. Infancy and the New Teen Parent*

Infancy is the most dramatic period of growth in a child's life—physical, cognitive, social, and emotional. Between birth and 1 year of age, infants triple their birth weight, add almost 50 percent to their length, and achieve most of their brain growth. Studies on early brain development show that early experiences are important in the formation of brain cell connections; these experiences, including parent/child interactions, have a significant impact on a child's emotional development and learning abilities. This chapter reviews infant developmental milestones and suggests clear messages that can be communicated to teen parents to encourage appropriate behavior.

New teen parents have much to learn and master. Meeting the needs of an infant can be difficult, especially for adolescents, who are by nature egocentric and present-oriented. Parenting an infant demands sublimation of the teen parent's needs (in other words, the teen must put the baby's needs before her/his own). This presents a developmental challenge for the early and even the middle adolescent. We have all had the experience of being distressed to hear an adolescent parent describe her infant as "greedy" because he wants to eat frequently or "selfish" because she starts to cry as soon as her mother takes a minute for herself. These sentiments are real and reflect the way that the teen parent experiences her infant's needs. Helping teens to understand their children's needs and balance those needs with their own is an important part of the case manager's work. By modeling appropriate parenting behavior, you can be a positive role model for your clients — you *may* be the only one.

The tasks of the new parent and the key developmental milestones they support are described in the following table:

| Parenting Tasks | Infant Achievements |
|---|---|
| Meet infant's nutritional needs | Good physical growth and development |
| Establish regular eating/sleeping schedule | Self-quieting behavior<br>Sense of trust |
| Prevent injuries and abuse | Sense of trust<br>No injuries |
| Interact with infant in a warm and nurturing manner | Sense of trust<br>Attachment to parent |
| Provide adequate and appropriate stimulation | Responsiveness<br>Vocalization<br>Social competence<br>Participation in interactive games (such as peek-a-boo) |
| Provide opportunities for safe exploration | Gross motor development (rolling, sitting, crawling, standing, etc.)<br>Fine motor development (grasps, mouths, transfers objects, etc.) |
| Foster independence | Feeds self<br>Uses a cup |

Each of these parenting tasks requires activities on the part of the parent that are specific to the infant's developmental stage.

## The Newborn

The newborn period is a time of adjustment for the infant, parent, and extended family. As the infant adjusts to life outside of the womb, the teen parent faces the often overwhelming prospect of being responsible for meeting another person's needs 24 hours a day, seven days a week. All parents must confront the difference between their fantasies about their newborn and parenthood and the reality. For the teen parent, who often has little life experience to inform these fantasies, these differences can create great stress. Support may not be available, and the teen's expectations of help from a partner, parents, or friends may prove unrealistic.

A difficult birth experience, such as a Cesarean birth (c-section), can exacerbate the teen parent's stress by creating physical challenges to caring for the newborn. Giving birth to a premature baby or infant with other medical conditions is another source of increased stress. Just getting to and from the hospital to visit the baby can be a hardship. Consider what your client's birth experience has been and what unique strengths and challenges she brings to the role of new parent.

The newborn period can also be a time of rest, stabilization, and discovery for many clients. *The availability of support is a key factor* in determining whether a teen parent is able to enjoy this time getting to know the baby. New teen parents often need help defining their needs and arranging support. In both in the prenatal and newborn periods, the case manager can play an important role in helping the teen parent and the extended family build a support system by assessing resources and helping the teen establish clear expectations and agreements with others about child-care roles and responsibilities.

## ACTIVITY: Managing Parenting Responsibilities

**INSTRUCTIONS: In the space below, write clear and concrete questions that you might ask to address the following areas:**

**FINANCIAL RESPONSIBILITY:**
***Example:*** **Who will buy the baby's diapers? _____**

_____

_____

**CHILDCARE:**
***Example:*** **Who will care for the baby when the teen parent wants to go out with friends? How many times a weeks? How many hours? _____**

_____

_____

**CARING FOR THE BABY'S THINGS:**
***Example:*** **Who will do the baby's laundry? _____**

_____

_____

**HOUSEHOLD RESPONSIBILITIES:**
***Example:*** **Who will prepare food for the teen mother and baby?_____**

_____

_____

**OTHER CONSIDERATIONS:**
***Example:*** **How will the teen get to doctor appointments?_____**

_____

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## Anticipatory Guidance for Four Key Areas

Most new parents have questions and concerns about caring for their newborns. The case manager should reinforce the following key messages about:

- Injury and illness prevention
- Breastfeeding
- Infant care
- Self-care

**Injury and Illness Prevention**

- ❏ Always secure your infant in a car seat when traveling by car.
- ❏ Put baby to sleep safely:
  - ■ In a safe crib
  - ■ "Back to sleep"on her/his back to prevent SIDS (Sudden Infant Death Syndrome)
  - ■ With no fluffy blankets, pillows, or stuffed animals near the baby's face
- ❏ Test the water temperature before putting your infant in the bath. Never leave the baby alone in the bath — even for a moment.
- ❏ Maintain a smoke-free environment.
- ❏ Never leave the baby alone on a high place such as a bed or changing table.
- ❏ Recognize the early signs of illness.
- ❏ Know what to do in case of an emergency. Keep emergency and doctor's phone numbers easily accessible.

**Breastfeeding**

Teen mothers are less likely to breastfeed than their adult counterparts. Many have no breastfeeding role model at home or in their peer groups and therefore find the process strange. By directly addressing the common obstacles to breastfeeding that a teen may encounter and creating a positive impression of the experience, you can encourage your client to give it a try.

Address any fears that breastfeeding may hurt or feel strange. Help the teen engage in concrete problem-solving about issues of modesty, obtaining appropriate bras and tops, breastfeeding after returning to school, and any other issues she considers barriers. If appropriate, ask the teen about her partner's opinion, and consider meeting with her and her partner to discuss the pros and cons of breastfeeding.

If the teen has good direct experiences with breastfeeding mothers, or her cultural norms encourage breastfeeding, she may already have a positive impression you can build on.

Although messages about breastfeeding's health benefits for the baby should be communicated to the teen parent(s), other arguments may be more persuasive. Consider the following approaches in your discussions with teens about breastfeeding:

- **Convenience**: Breastfeeding can make your life easier. There is no formula to buy or mix, no bottles to tote around and wash, and you always have everything you need ready, even at 3 a.m.
- **Expense:** Breastfeeding is economical. You don't have to buy formula, bottles, and nipples.
- **Health:** Breastfeeding helps you lose the weight that you gained in pregnancy, and it also strengthens your bones.
- **Choice:** Breastfeeding is not a permanent decision. You can do it for as long as you want. If you only breastfeed for a little while, you are still giving your baby the best start possible.

Research has shown that social support and early breastfeeding experiences have the most marked impact on whether or not a teen mother continues to breastfeed or switches to bottle-feeding. Since you will have limited opportunities to affect your clients' early breastfeeding experiences, focus your energies instead on providing breastfeeding support. For example, it can be helpful to provide your client with the names and phone numbers of breastfeeding resources and to arrange for her meet with a support service before, as well as immediately after, the birth. If your client ultimately decides to bottle-feed her baby, accept her decision and encourage her to follow the best practices.

**Infant Care**

Most new teen parents have had very little experience with infants and are not ready to learn about infant care until they have a baby in their arms. You can play an important hands-on role in teaching a new parent to care for her/his baby if there is not a supportive adult family member or friend to fill this role. Although the youth may focus on concrete tasks such as feeding, bathing, and dressing the baby, you should also address parenting behaviors that will foster bonding and promote a satisfying and mutually enjoyable relationship between the parent and infant. Communicate the following encouraging messages to teen parents:

- Get to know your baby. What makes her calm and happy? What makes her fussy and upset?
- Try to console the baby, but remember that all babies have their "fussy" times, often in the late afternoon or evening. Make plans for how you and the rest of your household can cope with these periods. Remember, the infant knows and loves your voices. He has been listening to you throughout your pregnancy.
- Hold and cuddle your baby. Rock her, talk and sing to her. You are letting her know that you care and are there for her. You cannot spoil an infant!

- ❏ When the baby is quiet and alert, play with him. At first he will just watch, but over time he will begin to respond and play *with* you.

**Self-Care**

Like all new parents, the teen mother may have difficulty juggling her baby's needs and her own. At a time when she is struggling to establish her identity and independence, she has suddenly taken on more responsibility than she may be ready for, coupled with more dependence than she desires. Be alert for signs of depression in the postpartum period. Although the "blues" are common, they can be serious and dangerous for the teen mother and her child. If the teen seems unusually tired, withdrawn, isolated, or sad, make sure that a qualified mental health professional makes an assessment and intervenes as appropriate.

General self-care counseling includes:

- ❏ Try to rest when the baby rests.
- ❏ Eat regular meals.
- ❏ Spend time with people you enjoy and who support you.
- ❏ Be on the lookout for the "blues," and talk to a supportive adult if you are feeling overwhelmed, sad, or depressed.
- ❏ Take it slow, and ask for support if recovering from a Cesarean birth.

**1) What to Watch for (Family Strengths)**

- ❏ Good safety practices are being followed (see "Injury and Illness Prevention," page 31)
- ❏ Parent responds appropriately to the baby's needs
- ❏ Parent appears comfortable when feeding, holding, or caring for the baby
- ❏ Parent has a functioning support system
- ❏ If the mother is breastfeeding, the baby latches onto the breast and sucks well
- ❏ If the mother is bottle-feeding, she has appropriate supplies and is able to prepare a bottle and feed the baby
- ❏ Parent feeds the baby on demand
- ❏ Parent shows appropriate concern about the baby
- ❏ Parent expresses tenderness and makes positive remarks to and/or about the baby

**2) Reasons for Concern (Parent/Infant Interaction)**

- ❏ Lack of responsiveness to the newborn's needs
- ❏ Absence of a functioning support system
- ❏ Attempts by the parent to rigidly schedule the newborn into her/his own schedule
- ❏ Negative remarks about the infant
- ❏ Not engaging with the infant

If you observe anything about the parent/infant interaction that concerns you, your first step should be an educational intervention. Start by identifying family strengths, and then frame the intervention by building on those strengths. For example, you might say, "You seem really comfortable holding Jason, and he seems like he wants you to look at him." It may be that the teen parent doesn't understand what the infant needs for emotional and physical development. Schedule a follow-up home visit soon, reassess the client, and refer to other community resources as needed.

**3) Reasons for Concern (Infant Development)**

- ❑ Newborn never cries or cries all the time
- ❑ Newborn doesn't show an interest in breastfeeding or taking a bottle
- ❑ Newborn has fewer than six wet diapers in a 24-hour period
- ❑ Newborn rarely sleeps

*Example:* During a home visit, your client's baby awakes and begins crying. You note that despite the ongoing crying, the mother does not attend to the baby but continues her conversation with you and swears loudly at the infant. You ask the teen why she thinks the baby is crying, and the teen responds, "Oh, she's just fussy. The doctor told me that sometimes they get fussy in the afternoon."

A simple validation and suggestion may be all that are necessary. You might say, "It's true that babies sometimes just need to fuss, but you don't really know what she needs unless you check it out. Remember, crying is just about the only way that she has of communicating with you right now. Let's see if she is wet, or hungry, or just needs a cuddle."

This mother will need close follow-up to determine if it is lack of experience, lack of information, lack of bonding and attachment, or significant depression that is impairing her mothering of her newborn.

## B. Developmental Milestones of Infancy

This section offers general guidelines for case managers working with teen parents of babies. Keep in mind that not all babies develop at the same rate. It is not necessarily an indicator of a delay if all milestones are not reached within a particular month.

### One Month

Now that the immediate newborn period is over and the new parent has had some time to get used to caring for a new baby, the focus can begin to shift to the quality of the parent/infant interaction. Encourage appropriate stimulation in the form of talking and singing to the baby, holding the baby face to face, and rocking and cuddling. Remember that the less mature, more concrete teen parent will tend to focus more on tasks and less on interaction, and may need extra help in learning how to provide appropriate stimulation for the infant.

**Infant Development Milestones at One Month**

- ❏ Responds to sound by blinking, crying, quieting, or showing a startle reflex
- ❏ Fixes on and follows a human face with her eyes
- ❏ Recognizes and responds to parent's face and voice
- ❏ Can lift head momentarily when on stomach
- ❏ Moves all limbs
- ❏ Can sleep for three to four hours
- ❏ Can stay awake for one hour or more
- ❏ When crying, will usually be consoled by being held or talked to

**1) What to Watch for (Family Strengths)**

- ❏ Parents/family members share holding and caring for the infant during the visit
- ❏ Parent is able to provide information about the baby
- ❏ Parent is able to read and respond to the infant's cues
- ❏ Parent is comfortable with the baby

**2) Reasons for Concern (Parent/Infant Interaction)**

- ❏ Parent does not seem to be "tuned in" to the baby
- ❏ Parent appears depressed, tearful, angry, anxious, fatigued, overwhelmed, or uncomfortable
- ❏ Absence of a functioning support system
- ❏ Parent is unable to provide details about the infant's temperament, personality, behaviors, or development
- ❏ Negative remarks about the infant
- ❏ Parent seems uncomfortable with the infant or infant care
- ❏ Parent has not taken infant in for health care

**3) Reasons for Concern (Infant Development)**

- ❑ No apparent response to sounds
- ❑ Asymmetrical limb movement (does not move both arms and legs)
- ❑ Inability to stay awake/inability to stay asleep
- ❑ Does not fix and follow face/object with eyes
- ❑ Cries inconsolably

*If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the infant.*

## Three Kinds of Messages: Encouraging Appropriate Interactions

Keep in mind that all families have strengths. In trying to encourage appropriate interactions, always start with what the parent is doing right. Begin by praising and *reinforcing* positive behaviors. Then try to *normalize* the baby's behavior; let the parent know that the baby is typical for her/his age, and that other babies behave in similar ways – the parent is not alone! Finally, take the opportunity to provide an *educational* message that will help the new parent identify what s/he might do differently.

*Example:* Alicia is 15 years old and comes to see you with her 4-week-old son. As she carries him into your office in an infant carrier, he begins to cry. She greets you, sits down, and asks you to hold him so that he won't cry while she prepares his bottle. She fixes it quickly and properly, then puts him back in his carrier and props the bottle up with a towel.

**Reinforcing message:** "Alicia, that was a good idea to have me hold the baby while you got his bottle ready. He quieted down with the contact."

**Normalizing message:** "It's normal for babies this age to want to be held all the time."

**Educational message:** "It's fine with me if you spend some of our visit feeding the baby. Feeding time is a great time to cuddle, rock and look at your baby. The baby needs time to look at you as well. Did you know that by gazing into your face, he is getting to know you and trust you? He also can choke with a propped bottle, so it's important to hold the bottle for him."

## Two Months

At two months, the parent should have some of the baby's routines and schedules a bit more established. The baby's feeding and sleep patterns should be more predictable than in the first month. The different reasons why the baby cries may be more apparent to the parent. Remind the teen that parenting is a process of trial and error. It can take a while to find out what is the best way to feed the baby or get her/him to go to sleep. The baby shows more interest in the world and responds to the caregiver, which can be gratifying for the parent.

**Infant Development Milestones at Two Months**

- ❏ Coos and vocalizes in response to speech
- ❏ Is attentive to speech
- ❏ Smiles responsively
- ❏ Is interested in listening to and looking at things
- ❏ Shows pleasure in interacting with parent
- ❏ Can lift head, neck, and chest up when lying on his stomach
- ❏ Has some head control when upright

**1) What to Watch for (Family Strengths)**

- ❏ Parent and infant are interested in and responsive to each other; they talk, gaze, and smile at one another
- ❏ Parent holds and cuddles the infant
- ❏ Parent seems aware of the infant's distress signals and is effective in comforting her/him
- ❏ Parent feels supported by partner and/or family
- ❏ Parent appears comfortable with the baby

**2) Reasons for Concern (Parent/Infant Interaction)**

- ❏ Parent is not focused on infant and interacts minimally
- ❏ Support system is a source of stress rather than support
- ❏ Parent appears withdrawn, overwhelmed, or depressed
- ❏ Parent makes negative or denigrating remarks about the infant
- ❏ Parent seems uncomfortable with the infant or infant care
- ❏ Parent has not taken infant in for health care

**3) Reasons for Concern (Infant Development)**

- ❏ No infant vocalization
- ❏ Infant is listless or lethargic with no head control
- ❏ Infant does not attempt to push up when lying on stomach
- ❏ Infant does not gaze or smile at or otherwise interact with parent

*If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the infant.*

### Clarifying Roles

At this point, if there are "red flags" related to parent/infant bonding, the teen parent and infant should be closely followed. It may be that the teen mother is not the primary caregiver and that another family member is actually "mothering" the infant. If this is the case, it is important to determine what role the teen parent *wants* in relationship to her child. Ask open-ended questions to find out how the baby is progressing and how the client is feeling about parenting. Carefully assessing the youth for signs of depression and openly discussing care-giving roles in the family can assist the teen parent, the primary caregiver (if it is another individual), and the case manager in planning for the very best outcomes for the infant and the teen mother. A family intervention with the teen mother, the primary caregiver, and other significant family members can be helpful in redefining roles and advocating for the well-being of the infant and mother.

## ACTIVITY: Clarifying Roles

**INSTRUCTIONS: Read the following vignette and then answer the question below.**

*Vignette:* **Janet, a 14-year-old mother of a 10-week-old baby girl, brings the baby with her to her appointment at your request. She has come alone to appointments in the past, stating that her mother is babysitting for her. You observe that Janet seems uncomfortable caring for her baby, and even holds her awkwardly. The baby appears well, is appropriately dressed, and shows signs of normal development. In response to most of your questions about the baby, Janet replies, "Um, I'm not really sure. You'd have to ask my mom that." On further questioning, Janet reveals that her mother has "taken over" the baby and that Janet is "tired of fighting with her about it." Janet states, "My mom just keeps saying that I'm too young to be a mother, but she doesn't really give me a chance. I feel totally useless, but at least the baby is okay."**

**What steps might you take to help Janet determine her role in relationship to her child and her own mother?**

_____

_____

_____

## Four Months

The bond between baby and parent is now intensifying and should be more apparent. The parent hopefully feels more confident in her/his parenting ability. The baby coos and grins in response to the parent's attention. The family disorganization that results from a new baby may be dissipating as roles in the household become established. This is an important time to help the parent set up routines and rituals to assist the baby with sleeping at night if the client hasn't already done so. The baby's ability to be alert and interested in her/his environment makes interacting with the baby more rewarding but can also make feeding more difficult as the baby gets distracted.

### Infant Development Milestones at Four Months

- ❏ Babbles (speechlike sounds) and coos
- ❏ Smiles, laughs, and squeals
- ❏ Rolls from stomach to back
- ❏ Opens hands, holds own hands, grasps rattle
- ❏ On stomach, holds head upright and raises body on hands
- ❏ Sits with support
- ❏ Controls head well
- ❏ Begins to bat at objects
- ❏ Looks at and may become excited by mobile
- ❏ Recognizes parent's voice and touch
- ❏ Has spontaneous social smile
- ❏ May sleep for at least six consecutive hours
- ❏ Self-comforting (able to fall asleep by her/himself without breast or bottle)
- ❏ May show an interest in solid foods (introduce appropriate infant solid foods at 4-6 months)

**1) What to Watch for (Family Strengths)**

- ❏ Parent and infant are interested in and responsive to each other; they talk, gaze, and smile at one another
- ❏ Parent holds and cuddles the infant
- ❏ Parent attends to the baby
- ❏ Parent is able to comfort the baby when s/he cries

**2) Reasons for Concern (Parent/Infant Interaction)**

- ❏ Parent expresses unrealistic expectations regarding infant development
- ❏ Parent is inattentive to infant's needs
- ❏ Parent is unable to comfort infant
- ❏ Infant shows no preference for parent

**3) Reasons for Concern (Infant Development)**

- ❑ Infant appears withdrawn or detached
- ❑ Lack of head control
- ❑ Lack of vocalization
- ❑ Infant is not interacting with environment

*If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the infant.*

## Six Months

By the time the infant is 6 months old, the new parent, finally comfortable with the care and needs of an infant, finds new challenges in the baby's growing autonomy. For many teen parents, the totally dependent tiny infant is easier to manage than the loud, interactive, increasingly independent growing baby. Fostering safe exploration and growing autonomy requires the parent to adapt to the changing needs of the baby.

**Infant Development Milestones at Six Months**

- ❑ Vocalizes single consonants ("dada," "baba")
- ❑ Babbles in response to speech
- ❑ Rolls over
- ❑ Has no head lag when pulled to sit
- ❑ Sits with support
- ❑ Stands when placed and bears weight
- ❑ Grasps and mouths objects
- ❑ Shows differential recognition of parents
- ❑ Starts to self-feed
- ❑ Starting to eat solid food
- ❑ Transfers cubes or other small objects from hand to hand
- ❑ Rakes in small objects
- ❑ Is interested in toys
- ❑ Self-comforts
- ❑ Smiles, laughs, squeals, imitates razzing noise
- ❑ Turns to sounds
- ❑ May begin to show signs of stranger anxiety

**1) What to Watch for (Family Strengths)**

- ❏ Parent and infant are interested in and responsive to each other, sharing vocalizations, smiles, and facial expressions
- ❏ Parent responds supportively to the infant's autonomy or independent behavior as long as it is not dangerous
- ❏ Parent sets limits appropriately
- ❏ Parent is appropriately concerned about safety while fostering exploration
- ❏ Parent has appropriately "baby-proofed" the home

**2) Reasons for Concern (Parent/Infant Interaction)**

- ❏ Lack of parent/infant interaction and engagement
- ❏ Inappropriate parental response to infants growing autonomy
- ❏ Inappropriate discipline by the parent
- ❏ Unsafe environment
- ❏ Limited signs of attachment to infant

**3) Reasons for Concern (Infant Development)**

- ❏ Unable to sit without support
- ❏ No progress toward independent mobility (creeping, scooting, crawling, etc.)
- ❏ Does not appear to understand any speech
- ❏ Does not imitate speech-like sounds
- ❏ Not eating appropriate table food
- ❏ No attempts at self-feeding
- ❏ No interactive playing
- ❏ Limited signs of attachment to parent

The case manager should be actively involved in providing anticipatory guidance to the teen parent regarding the changing needs of the child. A home visit to reassess the safety of the environment for a soon-to-be-mobile baby is a priority. Again, remembering that the concrete thinker does not anticipate future changes and has a limited repertoire of responses, provide additional support to the younger (or less developmentally mature) client.

## ACTIVITY: Developmentally Appropriate Behavior

**INSTRUCTIONS: Read the following vignette. Develop *reinforcing, normalizing,* and *educational* messages related to the infant's developmentally appropriate behavior, referring to the discussion on page 36 if necessary.**

***Vignette:*** **Myra, the 17-year-old mother of Marcus, a 7-month-old boy, is feeding her son during your home visit. Each time he reaches for the spoon she holds it up out of his reach, and when he tries to put his hand in his bowl of strained beets, she slaps his hand gently, stating to him, "No, no Marcus, we don't play with our food," and to you, "He is so messy. If I let him do what he wants, he would need a bath after every meal."**

**What message(s) would you want to reinforce?** _____

_____

_____

**How would you normalize Marcus's behavior?** _____

_____

_____

**What would your educational message(s) be?** _____

_____

_____

### Nine Months

The 9-month-old is much more active and will probably be creeping and crawling and learning to stand when you visit. The spurts that take place in motor development can often affect the sleep and feeding patterns that have been established. This, plus the added stress of a more mobile baby, can be challenging to the teen parent. The issue of discipline and how to set limits with a baby who is now starting to move through the house is another area of concern. It will be essential to help your client redirect the baby to acceptable activities as the baby initiates unsafe or unacceptable behaviors in her/his new exploration of the home environment.

### Infant Development Milestones at Nine Months

- ❏ Responds to own name
- ❏ Understands a few words such as "no-no" and "bye-bye"
- ❏ Babbles, imitates vocalizations
- ❏ May say "dada" or "mama" nonspecifically
- ❏ Crawls, creeps, moves forward by scooting on bottom
- ❏ Sits independently
- ❏ May pull to stand
- ❏ Uses inferior pincer grasp (finger to thumb, with thumb on top)
- ❏ Pokes with index finger
- ❏ Shakes, bangs, throws, and drops objects
- ❏ Plays interactive games such as peek-a-boo and pat-a-cake
- ❏ Feeds self with fingers
- ❏ Starts to drink from cup
- ❏ Sleeps through the night (although may awaken and cry at times)
- ❏ May show anxiety with strangers
- ❏ First tooth erupts at around 6 months of age

See "What to Watch For" and "Reasons for Concern" for 6-month-olds, above.

*If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the infant.*

## Infant Development

### Things to Think About

- What will help you remember the developmental milestones for different ages?
- How will you prioritize "take home" messages about parenting for your clients?
- How can you best support your clients' relationships with their children?
- How can you help your clients celebrate parenting successes?

### Guidelines for Practice

- ✯ Understand infants' major developmental tasks for the first year.
- ✯ Consider your client's stage of development and cognitive ability when talking about her/his baby's development.
- ✯ Ask open-ended questions to find out how the baby is progressing and how the client is feeling about parenting.
- ✯ Provide clients with clear, simple messages regarding their babies' development in the first year.
- ✯ Focus on your client's strengths as a parent before talking about concerns.
- ✯ Ask clients about their self-care.
- ✯ Help clients identify resources (people/agencies) that can support them in the first year of their babies' lives.
- ✯ Reinforce key safety issues during home visits.

# 4. Early Childhood Development

**Learning Objectives:**
After completing this chapter, you will be able to:

1. Identify key developmental milestones for each year of early childhood
2. Translate key milestones in early childhood development into key parenting messages for the parenting teen
3. Identify issues in adolescent development that may impact on the parenting teen's understanding of and response to key milestones in early childhood development
4. Recognize reasons for concern in early childhood development and formulate appropriate responses to specific concerns

## *A. Adolescents Parenting Young Children*

During early childhood (ages 1-4), young children grow from tentative toddlers exploring their worlds through senses and physical experiences to competent 4-year-olds with active fantasy lives, mastery of their native languages, and budding pre-academic skills. From the foundation of secure and loving relationships with their parents and caregivers, these young children venture out into the world to discover and test their limits. All of the basic skills that children need to build on throughout childhood have their roots in these early years.

For the adolescent, parenting a young child presents many challenges. Primary among these are the challenges of providing appropriate limits and discipline for the toddler and young child while offering the range of experiences and learning opportunities necessary to foster autonomy and the development of self-care/self-regulating skills. Early childhood is a time of "gray areas" in limit setting and boundaries; rules must be consistent, but flexible enough to change with the changing needs and abilities of the growing child. This can be particularly challenging for the younger or less mature teen parent whose cognitive and moral developmental stage is concrete and black-and-white.

Fortunately, the teen parent is also growing and changing. Even the very earliest child bearers are reaching late adolescence by the time their children are 4 years old. Often, though, they are challenged by subsequent pregnancies and may be raising two or even three children by the time their oldest reaches 5. As always, each client's individual situation, history, concerns, and needs should guide case managers in their attempts to support teen parents in fostering the best possible outcomes for their children.

## Achievements of Early Childhood

- ❑ Regular sleeping habits
- ❑ Independence in eating
- ❑ Completion of toilet training
- ❑ Ability to dress and undress
- ❑ Ability to separate from parents
- ❑ Progression from parallel play to interactive play and sharing
- ❑ Loving relationships and good communication with parents and siblings
- ❑ Clear communication of needs and wishes
- ❑ Expression of such feelings as joy, anger, sadness, and frustration
- ❑ Self-comforting behavior
- ❑ Self-discipline
- ❑ Intelligible speech
- ❑ Positive self-image
- ❑ Demonstration of curiosity and initiative
- ❑ Demonstration of imaginative, make-believe, and dress-up play

| Parenting Tasks | Early Childhood Achievements |
|---|---|
| ❑ Meet child's basic needs (food, shelter, clothing, health care) | ❑ Good physical health and nutrition<br>❑ Good appetite |
| ❑ Have consistent expectations of child | ❑ Good sleeping habits<br>❑ Engages in physical activities<br>❑ Develops self-care skills |
| ❑ Enjoy child and provide strong, nurturing family<br>❑ Praise and take pride in child's efforts and accomplishments<br>❑ Model management of appropriate emotional expression | ❑ Positive, cheerful, friendly temperament<br>❑ Feels parents' unconditional love<br>❑ Trusts parents<br>❑ Relates warmly to and communicates well with parents<br>❑ Learns management of appropriate emotional expression |
| ❑ Encourage safe exploration and emerging independence<br>❑ Set appropriate limits<br>❑ Offer choices to child when appropriate | ❑ Develops social competence<br>❑ Accepts limits |
| ❑ Encourage speech and interact with child<br>❑ Respond to child's developmental needs | ❑ Good attention span<br>❑ Normal cognitive ability<br>❑ Asks questions<br>❑ Demonstrates curiosity and initiative |
| ❑ Provide safe, childproof environment (smoke alarms, car seat) | ❑ Has opportunities to explore and take risks safely |

## B. Walkers and Talkers

In the second year of life, toddlers refine many of the skills that they started to develop by their first birthdays. Because there is a rapid progression between the ages of 1 and 2, developmental milestones are divided into 1 year, 15 months, and 18 months. For example, in gross motor development, we see a progression from being able to pull up, cruise, and take a few steps alone (at 12 months) to walking well, stooping, and climbing stairs (at 15 months) to walking quickly or running stiffly (at 18 months). The case manager should monitor for progress in skills rather than whether the child has reached a specific milestone by a specific month.

The second year of life is a time of skills building and budding autonomy. The tentative walker progresses to the adventurous stair-climber. The baby that could only be understood by close family members is able to communicate basic needs to strangers. During this time of developing mastery, toddlers try, fail at, and finally master skills. It is important that parents not only provide safe and appropriate opportunities for exploration, and adequate and suitable stimulation, but also offer praise and loving support.

### Child Development Milestones at One Year

- ❏ Pulls to stand, cruises, and may take a few steps alone
- ❏ Plays social games such as pat-a-cake, peek-a-boo, and so-big
- ❏ Has precise pincer grasp
- ❏ Points with index finger
- ❏ Bangs two blocks together
- ❏ Has vocabulary of one to three words in addition to “mama” and “dada”
- ❏ Imitates vocalizations
- ❏ Drinks from a cup
- ❏ Looks for dropped or hidden objects
- ❏ Waves “bye-bye”
- ❏ Feeds self

**1) What to Watch for (Family Strengths)**

- ❏ Parent and toddler are interested in and responsive to each other, share vocalizations, smiles, and facial expressions
- ❏ Parent responds to the toddler’s distress
- ❏ Parent responds supportively to the toddler’s autonomy or independent behavior as long as it is not dangerous
- ❏ Parent responds appropriately to the toddler’s activity level
- ❏ Parent sets limits appropriately
- ❏ Parent is appropriately concerned about safety while fostering exploration
- ❏ Parent speaks about and to the toddler in positive terms

**2) Reasons for Concern (Parent/Toddler Interaction)**

- ❏ Lack of parent/toddler interaction and engagement
- ❏ Inappropriate parental response to toddler's growing autonomy
- ❏ Inappropriate discipline by the parent
- ❏ Unsafe environment
- ❏ Parent uses inappropriate tone or language when speaking to toddler
- ❏ Parent uses negative or denigrating remarks when speaking to or about toddler

**3) Reasons for Concern (Toddler Development)**

- ❏ No intelligible words
- ❏ No progress toward independent mobility (creeping, scooting, crawling, etc.)
- ❏ Does not imitate speechlike sounds
- ❏ Inappropriate range of emotional expression; always angry/screaming or flat affect
- ❏ Unable to self-feed or drink from a cup
- ❏ No interactive play
- ❏ More than one hour/day in front of the television or watching programs with inappropriate subject matter

## ACTIVITY: Autonomy and Exploration

**INSTRUCTIONS: Read the following vignette. Develop *reinforcing, normalizing,* and *educational* messages (referring to the discussion on page 36 if necessary) related to the toddler's growing needs for autonomy and exploration. Begin by identifying and acknowledging what Myra is doing "right" before identifying problems.**

*Vignette:* **Myra, the 18-year-old mother of Marcus, who is now 14 months old, continues to be challenged by his growing need for autonomy. She has done an excellent job of baby-proofing her apartment, including placing gates in the doorways and covers on the plugs, but has Marcus in a playpen in the middle of the room during your visit. She states, in an exasperated tone, "He gets into everything! I even caught him trying to climb out of his playpen, but I put a quick stop to that!" You observe that Marcus appears happy and that Myra is a loving and involved parent.**

**What message(s) would you want to reinforce?** _____

_____

_____

**How do you normalize Marcus' behavior?** _____

_____

_____

**What would your educational message(s) be?** _____

_____

_____

_____

_____

_____

## Child Development Milestones at 15 Months

- ❑ Has vocabulary of three to ten words
- ❑ Can point to one or more body parts
- ❑ Understands simple commands
- ❑ Walk well, stoops, climbs stairs
- ❑ Stacks two blocks
- ❑ Feeds self with fingers
- ❑ Drinks from a cup
- ❑ Listens to a story
- ❑ Indicates what he wants by pulling, pointing, or grunting

**1) What to Watch for (Family Strengths)**

- ❑ Parent and toddler are interested in and responsive to each other
- ❑ Parent and toddler play with toys together
- ❑ Tone of the parent/child interaction is positive (feelings conveyed)
- ❑ Parent disciplines or restrains the child appropriately
- ❑ Parent praises the child
- ❑ Parent reacts positively when you praise the child
- ❑ Parent watches and follows the child closely as the toddler moves around the room

**2) Reasons for Concern (Parent/Child Interaction)**

- ❑ Unsafe environment
- ❑ Inappropriate discipline
- ❑ Lack of parental monitoring or interaction
- ❑ Negative attitude towards child
- ❑ Excessive injuries or bruising that may indicate inadequate supervision or abuse
- ❑ Child does not show attachment or affection

**3) Reasons for Concern (Toddler Development)**

- ❑ Lack of progress in speech development
- ❑ Lack of progress in motor development
- ❑ Lack of response to simple verbal instructions
- ❑ Does not show attachment or affection

## Child Development Milestones at 18 Months

- ❑ Walks quickly or runs stiffly
- ❑ Throws a ball
- ❑ Has a vocabulary of 15 to 20 words
- ❑ Imitates words

- ❏ Uses two-word phrases
- ❏ Pulls a toy along the ground
- ❏ Stacks two or three blocks
- ❏ Uses a spoon and cup
- ❏ Listens to a story, looking at pictures and naming objects
- ❏ Shows affection, kisses
- ❏ Follows simple directions
- ❏ Points to some body parts
- ❏ May imitate a crayon stroke and scribbles
- ❏ Dumps an object from bottle without being shown

*See "What to Watch For" and "Reasons for Concern" for 15-month-olds, above.*

## C. The Beginning of Independence and Autonomy

Parenting a 2-year-old is both highly rewarding and challenging. Most parents welcome the transition out of diapers, while dreading the temper tantrums that accompany the growing independence and autonomy of the 2- to 3-year-old. Again, the case manager should be alert for signs of abuse, inadequate monitoring, inappropriate discipline, and unaddressed safety issues, as well as adequate and appropriate stimulation and learning opportunities.

### Child Development Milestones at Two Years

- ❏ Speaks intelligibly to strangers (25 percent of the time)
- ❏ Can go up and down stairs one step at a time
- ❏ Can kick a ball
- ❏ Can stack five or six blocks
- ❏ Has vocabulary of at least 20 words
- ❏ Uses two-word phrases
- ❏ Makes or imitates horizontal and circular strokes with crayon
- ❏ Can follow two-step commands
- ❏ Imitates adults

**1) What to Watch for (Family Strengths)**

- ❏ Parent and child are interested in and responsive to each other
- ❏ Tone of parent/child interaction is positive (feelings conveyed)
- ❏ Parent teaches new words to the child (the name of a person or object) during the visit
- ❏ Parent disciplines or restrains the child appropriately
- ❏ Parent has a positive tone when speaking to or about the child

**2) Reasons for Concern (Parent/Child Interaction)**

- ❑ Unsafe environment
- ❑ Inappropriate discipline
- ❑ Lack of verbal interaction between parent and child
- ❑ Negative attitude towards child
- ❑ Excessive injuries or bruising that may indicate inadequate supervision or abuse

**3) Reasons for Concern (Toddler Development)**

- ❑ No intelligible speech
- ❑ Lack of progress in fine motor development (drawing) or gross motor development (kicking a ball)
- ❑ Unable to follow simple verbal instructions
- ❑ Does not show attachment or affection
- ❑ Inappropriate range of emotional expression

## *D. Negotiators*

Three-year-olds can communicate with family members and strangers and are able to make simple choices. These skills allow them to negotiate with their parents and assert her will. The approaches that may have worked with a 2-year-old ("no means no," and parent's plan is always to be followed) must be modified for the 3-year-old negotiator. Again, the teen parent's ability to see and understand the child's growth and changing needs is key to competent parenting. The child who faces too many limits (too many "no's" and "don'ts") may become frustrated and withdraw from new challenges.

### Child Development Milestones at Three Years

- ❑ Jumps in place, kicks a ball
- ❑ Rides a tricycle
- ❑ Knows name, age, and sex
- ❑ Copies a circle and a cross
- ❑ Has self-care skills, such as feeding and dressing self
- ❑ Has developed (or is developing) bladder and bowel control
- ❑ Shows early imaginative behavior

**1) What to Watch for (Family Strengths)**

- ❑ Parent and child are interested in and responsive to each other
- ❑ Parent talks to the child respectfully
- ❑ Parent gives the child appropriate choices
- ❑ Parent praises the child
- ❑ Parent disciplines and contains the child appropriately

**2) Reasons for Concern (Parent/Child Interaction)**

- ❏ Inadequate supervision (child left alone, allowed outside without supervision, or left under the care of young children)
- ❏ Inappropriate discipline
- ❏ Negative verbal interactions with or attitude towards child
- ❏ Excessive injuries or bruising that may indicate inadequate supervision or abuse

**3) Reasons for Concern (Toddler Development)**

- ❏ Hostile or aggressive interactions with other children
- ❏ Lack of increasingly independent toileting skills
- ❏ Obesity, lack of physical activity (usually correlated with watching TV for more than one hour a day), poor growth
- ❏ Limited language capability
- ❏ Inappropriate range of emotional expression

## *E. Questioners*

Most 4-year-olds have moved beyond the world of their homes and have contact with other adults and children through structured experiences such as preschool. They have the emerging ability to self-monitor and follow rules. They also have an insatiable curiosity and use language to gather information and explore their environments.

### Child Development Milestones at Four Years

- ❏ Speaks intelligibly to strangers (almost all of the time)
- ❏ Can sing a song
- ❏ Knows about things used at home, such as food and appliances
- ❏ Draws a person with three parts
- ❏ Is aware of gender (of self and others)
- ❏ Distinguishes fantasy from reality
- ❏ Gives first and last name
- ❏ Talks about daily activities and experiences
- ❏ Can build a tower of ten blocks
- ❏ Hops, jumps on one foot
- ❏ Rides tricycle or bicycle with training wheels
- ❏ Throws ball overhand
- ❏ Displays a range of emotions
- ❏ Appropriate social interactions with others

**1) What to Watch for (Family Strengths)**

- ❏ Parent and child are interested in and responsive to each other
- ❏ Parent encourages child to interact directly with other adults (the case manager, for example)
- ❏ Parent pays attention to child's behavior and responds to misbehavior with appropriate consequences
- ❏ Parent appears interested in child and responds to the child's questions and concerns

**2) Reasons for Concern (Parent/Child Interaction)**

- ❏ Inadequate supervision (child allowed out in neighborhood without adult supervision)
- ❏ Inappropriate discipline
- ❏ Negative verbal interactions with or attitude towards child
- ❏ Excessive injuries or bruising that may indicate inadequate supervision or abuse

**3) Reasons for Concern (Child Development)**

- ❏ Hostile or aggressive interactions with other children
- ❏ Difficult to understand speech
- ❏ Poor coordination in walking, running, climbing
- ❏ Withdrawn, detached child who does not interact with or show interest in the world around him
- ❏ Obesity, lack of physical activity (usually correlated with watching more than one hour a day of TV), poor growth
- ❏ Limited range of emotional expression

*If the teen parent, other family member/caregiver, or case manager notes any of the above concerns, a health care provider should evaluate the child.*

## Appropriate Challenges, Appropriate Responses

Many parents feel challenged by the endless "why's" of their 4-year-olds. Teen parents, who are still relatively egocentric themselves, may find the 4-year-olds' endless questions and repetitive activities tiresome at best, and annoying or infuriating when they are stressed or overwhelmed. To encourage appropriate behavior, it is important to begin with a positive, reinforcing message about what the parent is already doing well. When a client is quite emotional, it is also helpful to first validate her feelings (in this case, frustration). Validating lets the client know that her/his feelings are understandable. Normalizing the child's behavior, helping the teen parent to understand why the 4-year-old asks so many questions, and modeling appropriate ways of responding to the child can support both parent and child in this special period of learning, emergence, and growth.

*Example:* Lila, who is 18, drops by to check in with you about a new job-training program. She has Julie, her 4½-year-old with her. As they come into your office, Lila says "Julie, go over there and play with those toys. I don't want to hear one more word out of you!" To you, she remarks, "She doesn't shut up for a minute! It's 'why, why, why' from the moment I pick her up from preschool until she falls asleep!"

*Validate her feelings:* "I know it can be frustrating to have every little thing you are doing or seeing have a question attached. It can take time to answer the questions and sometimes I know you must feel like you don't have the time or energy to respond."

*Reinforcing message:* "Even though it may feel frustrating to you, Julie is doing exactly what is appropriate for her age. This stage won't last forever, but you will want to think about how you want to answer her questions. This is a time in Julie's life where you will get to build your skills around patience and maybe limit setting about when and how you respond to her questions. One way you could say it might be, 'That's a great question Julie. I will answer it when we get home and sit down for dinner.' "

*Normalizing message:* "Kids that are Julie's age do ask a lot of questions. They are so curious and have so much to learn about the world."

*Educational message:* "Because Julie talks so well now, she can use questions to explore her world and learn about things that she can't touch or see. Answering her questions is as important as it was to hold her hands as she was starting to walk. It's amazing how 4-year-olds can come up with questions that most grown-ups can't answer, like 'Why is the sky blue?' This might be a great time to start reading books that answer some of those tough questions for Julie. I have some here that you can take a look at."

# ACTIVITY: Appropriate Challenges, Appropriate Responses

**INSTRUCTIONS: Read the vignette below, and write out the message you would want to give to the teen mom:**

***Vignette:*** **Sonia is 19 and has a 4-year-old son named Sammy. When you arrive for the home visit, Sammy is playing happily in the living room with a puzzle. After you talk with Sonia for a couple of minutes, the phone rings. Sonia goes to answer the phone, and Sammy gets very upset. He starts yelling and throws a puzzle piece at his mom. Sonia stays on the phone for a few more minutes while Sammy gets more and more agitated. She gets off the phone and says, "Why can't I ever talk on the phone without you having a fit?" She looks at you and says, "I cannot do anything these days, and it's making me crazy."**

**How do you validate her feelings?** _____

_____

_____

**What message(s) would you want to reinforce?** _____

_____

_____

**How do you normalize Sammy's behavior?** _____

_____

_____

**What would your educational message(s) be?** _____

_____

_____

## Goals and Resources for Case Managers

Providing case management services to pregnant and parenting teens means making a commitment to at least two clients: the teenager and the child. As a child moves into early childhood and beyond, her personality, style, needs and interests become distinct from those of her parent. You may find that advocating for the child sometimes means balancing, or even choosing between, the needs of the teen and the needs of the child. This can be difficult, and can be a source of conflict for you. Remember that your goal, and one of the goals of AFLP, is to support adolescents and their partners to make healthy lifestyle decisions for themselves and their children. Educating parents and monitoring parenting practices are important parts of what you do.

Because the topic of child development is so vast, you may want to explore other resources beyond the scope of this unit. These could include: taking a class or training, talking to other staff, accessing local health department resources, and library and Internet resources.

## Early Child Development

### Things to Think About

- Are you continuing to monitor the development of your clients' children as they move into early childhood?
- Are you alert to signs of abuse and neglect in early childhood?
- Do you modify your interactions with your clients as they mature and move into new developmental stages?

### Guidelines for Practice

- ✯ View early childhood development as progression along a continuum, and monitor the child for continuing progress.
- ✯ Provide clients with simple, specific messages regarding the relationship between their behaviors, their response to their child's behaviors, and the development of their child.
- ✯ Model appropriate behavior and appropriate responses to the child's behavior, in your interactions with the child.
- ✯ Pay attention to the developmental changes of your teenaged client, and modify your interactions with her/him to continue to be developmentally appropriate.
- ✯ Encourage your client to provide the child with some kind of a structured learning environment (Head Start, preschool, community childcare, etc.)

# 5. Putting It All Together

In this last activity of Unit 3, you have the opportunity to take what you have learned from each chapter and apply it to a role-play or real-life client contact. This skill-building component of the unit allows your supervisor to observe your new skills, using a checklist as a guide, and give you feedback. It is up to you and your supervisor to decide whether you will be observed during a role-play or an actual client visit.

Before you begin, read through the three vignettes that follow and discuss at least one with your supervisor. Next, try to answer the seven *Questions for the Case Manager* that follow. You will also want to familiarize yourself with the *Observation Skills Checklist for Supervisors* that your supervisor will use when watching your role-play or client session.

**If you are going to do a role-play:**
Doing a role-play gives you the chance to practice skills and get feedback from your supervisor before you begin seeing clients. Decide with your supervisor which vignette is appropriate for you. Choose a coworker to play the role of the client. Remember that some of the *Questions for the Case Manager* should be completed before the role-play. Others will need to be answered afterward. Decide how much time you want to complete the role-play. Your supervisor should use the *Observation Skills Checklist for Supervisors* to evaluate your role-play and write down observations. If you or your supervisor are not satisfied with the session, you may decide to do an additional role-play or create your own scenario.

**If you are seeing a client:**
If you are ready to actually see a client, make arrangements to have your supervisor observe the session. Remember to look over *Questions for the Case Manager* on the following page before the session. Your supervisor should evaluate the session using the *Observation Skills Checklist for Supervisors*.

### Questions for the Case Manager:

1. What indicators will you look for to determine the teen client's developmental stage?
2. How will the teen client's developmental stage influence your interaction with her/him?
3. What are the appropriate developmental milestones for the fetus/infant/toddler/child?
4. What are the key messages associated with these developmental milestones?
5. What are reasons for concern that you should be alert to for a fetus/infant/toddler/child of this age?

6. What client strengths can you reinforce and build on?
7. What problems should you support the client in addressing?

## Vignettes

**Silvia** is a 14-year-old who is 14 weeks pregnant. Although her pregnancy was diagnosed at six weeks and she has been referred to prenatal care repeatedly, she has not yet gone to her first prenatal appointment. When you ask why, she tells you "I'm really busy with school, and I know everything is okay. I haven't even been throwing up or anything!"

**Johnnie,** an 18-year-old**,** is the father of Angel, age 9 months. He and Angel's mother, Linda, live in the basement room of Linda's parents' house. Johnnie works the evening shift and takes care of Angel while Linda is at school. He is an attentive and engaged parent who is very proud of his son. He tells you today that he is worried about Angel because when he takes his son to the park, the other babies are creeping, crawling, and even walking, but Angel "just sits there and plays in the sand."

**Aisha** is a 16-year-old teen mother who has a $2^1/_2$-year-old daughter. You are making a home visit today after receiving a phone call from the social worker at the pediatric clinic Aisha takes her child to. The social worker expressed concern over Aisha's "inappropriate discipline" of her child in the waiting room at the pediatric clinic. When you inform Aisha of the social worker's concern, she responds, "That b____, she's always on me about something! I'd like to see her keep up with running after this baby all day!"

## *Observation Skills Checklist for Supervisors – Unit 3*

Agency _____ Type of session role-play / real session (circle one)

Case Manager _____ Supervisor _____ Date _____

| | **Did the Case Manager:** | **Comments:** |
|---|---|---|
| ❑ | Determine whether the client was a concrete or abstract thinker? | |
| ❑ | Interact with the client in a developmentally appropriate manner? | |
| ❑ | Individualize her/his intervention by starting from what the client understands and thinks is important? | |
| ❑ | Correctly identify key milestones for the fetus/infant/toddler/child? | |
| ❑ | Effectively translate key milestones into key messages for the pregnant or parenting teen? | |
| ❑ | Use language that the teen client could understand in discussing fetal/ infant/toddler/child development? | |
| ❑ | Identify and reinforce parenting strengths that can be built on? | |
| ❑ | Provide a supportive environment for the teen parent to share her/his parenting challenges and concerns? | |

**Case Manager Strengths:** _____

_____

# Congratulations!

# You have completed Unit 3!

## Unit 3: Stages of Development for Adolescents and Their Children – Pre-Test

1. True or False (circle one)
   "Age is a clue to, but does not determine, the developmental stage a teenager has reached."

2. Which of the following take place during the middle stage of adolescence? (circle all that apply)
   a. Stature reaches 95% of adult height.
   b. Strong desire to remain dependent on parents while trying to detach.
   c. Very self-centered, increased narcisism.
   d. Exploration of ability to attract others.

3. Which statement(s) describe "concrete thinkers"? (circle all that apply)
   a. They are more concerned with what is happening today than with the past or future.
   b. They have limited ability to project into the future.
   c. They think a lot about concepts such as "morality" and "meaning."
   d. They need support and direction to engage in complex decision-making.

4. Which statement(s) reflect "abstract thinking" ability? (circle all that apply)
   a. "My boyfriend will leave me when he sees me getting fatter."
   b. "I know if I can stop smoking and drinking, I'll have a healthier baby."
   c. "My breasts hurt way too much to breastfeed."
   d. "My boyfriend doesn't really like the baby because he never holds her."

5. Which of the following take place in the 1st trimester of pregnancy? (circle all that apply)
   a. The heart and lungs begin to form.
   b. The fingers and toes begin to develop.
   c. The CNS of the fetus controls most body functions.
   d. The mouth has 20 buds that will become baby teeth.

6. Which of the following take place in the 2nd trimester of pregnancy? (circle all that apply)
   a. The mother has supplied antibodies to the baby to protect it from disease.
   b. The fetus makes active movements.
   c. The fetus starts to deposit fat and gain weight.
   d. The lungs, while still immature, are capable of gas exchange.

7. In order to ensure that the educational messages about fetal growth and development are meaningful to the client, the case manager should make sure that: (circle all that apply)
   a. The information is simple and understandable.
   b. The information reflects the case manager's personal experience.
   c. The information is important to the individual teen.
   d. The information is concrete and includes achievable actions.

8. Circle the symptom(s) below that would prompt you to encourage your pregnant client to call her medical provider: (circle all that apply)
   a. Blood or fluid from her vagina
   b. Persistent nausea and vomiting
   c. Increase in appetite
   d. Dim or blurry vision

9. To help prevent illness and injury, the case manager should reinforce key safety messages. Which topic(s) below are <u>not</u> related to child safety? (circle all that apply)
   a. Car seat use
   b. Smoke-free environment
   c. Television use
   d. Never leaving baby unattended on a high surface

10. True or False (circle one)
    Teen mothers are more likely to breastfeed than older mothers.

11. Which of the following would make you feel most concerned about a client's newborn baby? (circle all that apply)
    a. The baby sleeps most of the time.
    b. The baby spits up at least 3 times a week.
    c. The baby never cries.
    d. The baby has bowel movements every other day.

12. Which of the following would make you feel concerned when visiting a client with her 9-month-old baby? (circle all that apply)
    a. The mother does not engage with the baby.
    b. The baby is walking already.
    c. The baby isn't walking yet.
    d. The baby seems to be more afraid of you than in the past.

13. Which of the following are appropriate developmental milestones for a 2-year-old? (circle all that apply)
    a. Can sing a song
    b. Can go up and down stairs one step at a time
    c. Has a vocabulary of at least 20 words
    d. Imitates adults

14. Which age group tends to have a newfound ability to self-monitor and follow rules, along with an insatiable curiosity and the use of language to gather information and explore his/her environment?
    a. A 2-year-old
    b. A 2½-year-old
    c. A 3-year-old
    d. A 4-year-old

15. Which of following are appropriate developmental milestones for a 3-year-old? (circle all that apply)
    a. Can ride a tricycle
    b. Has self care skills (eating/dressing)
    c. Shows early imaginative behavior
    d. Is able to tie own shoe

## Unit 3: Stages of Development for Adolescents and Their Children – Post-Test

1. True or False (circle one)
   "Age is a clue to, but does not determine, the developmental stage a teenager has reached."

2. Which of the following take place during the middle stage of adolescence? (circle all that apply)
   a. Stature reaches 95% of adult height.
   b. Strong desire to remain dependent on parents while trying to detach.
   c. Very self-centered, increased narcisism.
   d. Exploration of ability to attract others.

3. Which statement(s) describe "concrete thinkers"? (circle all that apply)
   a. They are more concerned with what is happening today than with the past or future.
   b. They have limited ability to project into the future.
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    d. Is able to tie own shoe

## *Unit 3: Stages of Development — Adolescents and Their Children Supervisor Sign-Off Sheet*

Case Manager's Name _____
Supervisor's Name _____
Agency _____
Supervisor's Phone _____ Date _____

| Activity | Page # | Supervisor Initials | Date Completed |
|---|---|---|---|
| **Adolescent Development** | | | |
| What Is it Like to Be 16? | 4 | | |
| Counseling an Early Maturing Client in a Sibling Program | 10 | | |
| Concrete and Abstract Statements | 13 | | |
| **Fetal Development** | | | |
| Making the Message Meaningful | 21 | | |
| **Infant Development** | | | |
| Managing Parenting Responsibilities | 30 | | |
| Clarifying Roles | 38 | | |
| Developmentally Appropriate Behavior | 42 | | |
| **Early Childhood Development** | | | |
| Autonomy and Exploration | 49 | | |
| Appropriate Challenges, Appropriate Responses | 56 | | |
| **Putting It All Together – Supervisor Observation** | 59 | | |

# Endnotes

[1] Adapted from Sixteen Candles, an exercise developed by Mary Doyen of the Rocky Mountain Center for Health Promotion and Education in Lakewood, CO and Phyllis Scaffergood of the Education Development Center in Newton, MA.

[2] X. Ge, R. D. Conger, and G. H. Elder, "Coming of Age Too Early: Pubertal Influences on Girls' Vulnerability to Psychological Distress, in *Child Development*, vol. 67, pp. 3386-3400 (1996).

[3] M. Green, J.S. Palfry, eds. *Bright Futures: Guidelines for Health Supervision of Infants, Children and Adolescents,* 2nd ed., rev. (Arlington, VA: National Center for Education in Maternal and Child Health. 2002).